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FEB 22 2023

Office of Professional Practices

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I hereby voluntarily surrender my certificate(s). Certificate No.: 566498B

I further understand that the Superintendent of Public Instruction will notify other states and public and private school officials within the state of Washington that I have voluntarily surrendered my certificate(s).

Name: Robert Duren

Certificate No.: 566498B

I agree, if I request reinstatement of the certificate(s) I have voluntarily surrendered, to provide the Superintendent of Public Instruction with an affidavit describing in full the reasons for my voluntary surrender of the certificate(s) listed above.

Dated this 15TH day of February, 2023.

ROBERT DUREN

Printed Name

[Handwritten Signature]

Signature

[Redacted Address]

Address

[Redacted City, State, Zip]

City, State, Zip

SUBSCRIBED AND SWORN to before me this 15 day of February, 2023.

[Handwritten Signature]

Notary Public in and for the state of

washington Residing at Burien

My commission expires: 09 . 11 . 2024

